Oraci ale i aperi				ined to re	spond to a coneca				a valid OMB control number	
Fees pursuant to t	Effective on 12/08/2004. The Consolidated Appropriations Act, 200			4818).			Complete if Known			
·				, i	Application Nu	mber	10/575,37		Conf. No.: 9078	
FEE TRANSMITTA			\ _	Filing Date		April 11, 2				
For FY 2009					First Named In					
Applicant claims small entity status. See 37 CFR 1.27					Examiner Nam	ne	B. R. GORDON			
					Art Unit		1797			
TOTAL AMOUNT OF PAYMENT (\$) 402.00					Attomey Dock	et No.	0933-0269	PUS1		
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s)										
warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		FILING I	FEES		CH FEES	EXA	MINATION			
Application_	Гуре І	Fee (\$)	mall Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	/A\	Entity (\$)	Fees Pald (\$)	
Utility		330	165	540	270	22			0.00	
Design		220	110	100	50	14		0	0.00	
Plant		220	110	330	165	17	•	5	0.00	
Reissue		330	165	540	270	65		_	0.00	
Provisional		220	110	0				0	0.00	
					0		U	-	Small Entity	
Fee Description Fee (\$) Fee (\$)										
	Each claim over 20 (including Reissues) 52 26									
Each independent claim over 3 (including Reissues) 220									110	
Multiple dependent claims 390 195										
Total Claims 21 - 20 or HP =		Extra Claims Fee (\$) 1 x 52.00			Fee Pald (\$) = 52.00			Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
***************************************			or, if greater than 20.	- -	<u> </u>			0.00	0.00	
Indep. Claims	E	ktra Clair	ns Fee (\$)		Paid (\$)					
4 - 3 or HP = 1 x 220.00 = 220.00 HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 =0 /50 =0 (round up to a whole number) x =0.00										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1 month Extension of Time										
SUBMITTED BY			10 1							
Signature	17/1	U/	28		Registration No. (Attomey/Agent)	39491		Telephone	703-205-8000	
Name (Print/Type)	Michael R. C	ammarata	а					Date May	24, 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.